

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION		Attorney Docket Number	4002-3432/PC767.01	
		First Named Inventor	Young	
		COMPLETE IF KNOWN		
		Application No.		
<input type="checkbox"/> Declaration submitted with Initial Filing	<input checked="" type="checkbox"/> Declaration submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Filing Date	October 28, 2003	
		Group Art Unit		
		Examiner's Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

MULTI-AXIAL, CROSS-LINK CONNECTOR SYSTEM FOR SPINAL IMPLANTS

(Title of Invention)

The specification of which

☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) October 28, 2003 as United States Application Number or PCT International Application Number _____ and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/421,701	October 28, 2002

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

US Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

- ☒ Customer Number **30565**
OR
☐ Registered practitioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number
James B. Myers, Jr.	42,021		

☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information Sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number **30565** OR ☐ Correspondence address below

Name	Woodard, Emhardt, Moriarty, McNett & Henry LLP				
Address	111 Monument Circle				
Address	Suite 3700				
City	Indianapolis	State	IN	ZIP	46204
Country	US	Telephone	(317) 634-3456	Fax	(317) 637-7525

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

Given Name (first and middle [if any])	J. Stewart	Family Name or Surname	YOUNG
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Memphis	Tennessee	USA	USA
Mailing Address			
1611 Page Cove			
City	State	ZIP	Country
Memphis	Tennessee	38119	USA

NAME OF JOINT INVENTOR (IF ANY):				
Given Name (first and middle [if any])	Chris	Family Name or Surname	JOHNSON	
Inventor's Signature				Date
Residence: City	State	Country		Citizenship
Germantown	Tennessee	USA		USA
Mailing Address				
7174 Wickshire				
City	State	ZIP		Country
Germantown	Tennessee	38138		USA
NAME OF JOINT INVENTOR (IF ANY):				
Given Name (first and middle [if any])	Tommy	Family Name or Surname	CARLS	
Inventor's Signature				Date
Residence: City	State	Country		Citizenship
Memphis	Tennessee	USA		USA
Mailing Address				
986 River Currents Drive				
City	State	ZIP		Country
Memphis	Tennessee	38103		USA
NAME OF JOINT INVENTOR (IF ANY):				
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City	State	Country		Citizenship
Mailing Address				
City	State	ZIP		Country
NAME OF JOINT INVENTOR (IF ANY):				
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City	State	Country		Citizenship
Mailing Address				
City	State	ZIP		Country

DECLARATION		Registered Practitioner Information (Supplemental Sheet)	
Name	Registration Number	Name	Registration Number
C. David Emhardt	18,483	Noreen C. Johnson	38,929
Joseph A. Naughton, Jr.	19,814	David A. Warmbold	30,897
John V. Moriarty	26,207	Paul A. Revis	45,040
John C. McNett	25,533	John F. Thompson	43,953
Thomas Q. Henry	28,309		
James M. Durlacher	28,840		
Charles R. Reeves	28,750		
Vincent O. Wagner	29,596		
Steve Zlatos	30,123		
Spiro Bereveskos	30,821		
Clifford W. Browning	32,201		
R. Randall Frisk	32,221		
Daniel J. Lueders	32,581		
Kenneth A. Gandy	33,386		
Timothy N. Thomas	35,714		
Kurt N. Jones	37,996		
John H. Allie	39,088		
Holiday W. Banta	40,311		
Troy J. Cole	35,102		
L. Scott Paynter	39,797		
Charles J. Meyer	41,996		
Matthew R. Schantz	40,800		
Gregory B. Coy	40,967		
Lisa A. Hiday	40,036		
John V. Daniluck	40,581		
Christopher A. Brown	41,642		
Arthur J. Usher IV	41,359		
Douglas A. Collier	43,556		
Brad A. Schepers	45,431		
Scott J. Stevens	29,446		
James B. Myers	42,021		
John M. Bradshaw	46,573		
Quentin G. Cantrell	47,469		
Charles P. Schmal	45,082		
Edward E. Sowers	36,015		
John L. Roberts	50,453		
John J. Emanuele	51,653		
Denise M. Gosnell	51,748		
Jason A. Houdek	54,620		
Michael S. Wherry	53,764		
Michael C. Bartol	44,025		
Gary M. Gron	24,293		
Elizabeth A. Shuster	52,672		